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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Pcket Number
09/976338

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$.....	OR		\$.....
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	X \$..... =		OR	X \$..... =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	X \$..... =		OR	X \$..... =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$..... =		OR	+ \$..... =	
TOTAL					OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
AMENDMENT A 7-19-05	Total (37 CFR 1.16(c))	19	21	X \$..... =		OR	X \$..... =	
	Independent (37 CFR 1.16(b))	5	5	X \$..... =		OR	X \$..... =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$..... =		OR	+ \$..... =	
	TOTAL ADD'L FEE					OR	TOTAL ADD'L FEE	
AMENDMENT B	Total (37 CFR 1.16(c))	*	**	X \$..... =		OR	X \$..... =	
	Independent (37 CFR 1.16(b))	*	***	X \$..... =		OR	X \$..... =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$..... =		OR	+ \$..... =	
	TOTAL ADD'L FEE					OR	TOTAL ADD'L FEE	
AMENDMENT C	Total (37 CFR 1.16(c))	*	**	X \$..... =		OR	X \$..... =	
	Independent (37 CFR 1.16(b))	*	***	X \$..... =		OR	X \$..... =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$..... =		OR	+ \$..... =	
	TOTAL ADD'L FEE					OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09976338

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2-1-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	21	0
Independent	5	5	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

2-11-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	21	0
Independent	5	5	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

5/23/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	same		0
Independent	same		0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X3 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X3 18=	15.00
X34=	16.00
+280=	
TOTAL	22.00

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X3 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X3 18=	
X34=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X3 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X3 18=	
X34=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X3 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X3 18=	
X34=	
+280=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - If the "Highest Number Previously Paid For" on THIS SPACE is less than 20, enter "20."
 - If the "Highest Number Previously Paid For" on THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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